

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| | MA | | 04/16/01 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 12 | 5/1 |
| FORMALITY REVIEW | SM | 70864 | 8/1/01 |
| RESPONSE FORMALITY REVIEW | lt | 907 | 8-15-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | JA |
| 2 | ✓ | ✓ | D |
| 3 | ✓ | ✓ | D |
| 4 | ✓ | ✓ | I |
| 5 | ✓ | ✓ | S |
| 6 | ✓ | ✓ | O |
| 7 | ✓ | ✓ | B |
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| 9 | ✓ | ✓ | |
| 10 | ✓ | ✓ | A |
| 11 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)

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 06/07/01
 858
 8/14/01